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RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES*

SUMMARY

This document contains recommendations for additional general resources to fund the approved country programmes in countries in the Africa, Americas and the Caribbean, and Asia regions for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme period 1991 to 1992. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $6,151,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Colombia	1 168 000	1988-1992
Côte d'Ivoire	1 203 000	1990-1991
Eastern Caribbean countries	1 189 000	1988-1992
El Salvador	1 251 000	1988-1992
Papua New Guinea	1 340 000	1988-1992

Annual funding requirements of the five countries are provided in the table.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

INTRODUCTION

1. The increased availability of general resources in 1990 and the continuing positive income projections in the medium-term plan have permitted the Executive Director to authorize increases in the annual planning levels of a number of countries. This increase raises the annual planning levels for general resources from $500,000 to $750,000 for countries with a child population of more than 1 million and/or full-fledged UNICEF country offices, and raises the minimum general resources planning level for other countries to $500,000. The minimum planning level for the multi-island programmes has also been raised.

2. In addition, the Executive Director has authorized accelerated expenditure in the Côte d'Ivoire to reinforce programme execution in several key areas. In Colombia and El Salvador, the Executive Director has authorized accelerated expenditure within the approved period of the country programme to support accelerated action towards the achievement of universal child immunization (UCI) in 1990.

3. As a result, the balances of approved general resources are not sufficient to fund the five programmes up to the end of the approved country programme period. The Executive Director recommends, therefore, that the Executive Board approve additional amounts from general resources to cover the programme period originally approved by the Board.

I. COLOMBIA

4. The country programme for Colombia was approved by the Executive Board in 1988 for the period 1988-1992 with available general resources of $4,662,000 (E/ICEF/1988/P/L.12). In 1990, the annual planning level was increased from $1 million to $1.1 million, enabling the Government to expand country programme activities. Additionally, in 1990, the annual planning level for Colombia was increased by $400,000 to support accelerated immunization activities.

5. The social policies of the current administration include five programmes that directly address the needs of children and women in the areas of basic education, primary health care (PHC), home day-care centres, human settlements and the provision of basic commodities and food security. UNICEF has supported several of these programmes within the framework of the 1988-1992 country programme. This programme will continue in 1991 and 1992, focusing on the elements set out below.

Child survival

6. The national child survival programme, Supervivir, has achieved significant progress in terms of intersectoral participation and social mobilization. The programme is being implemented in all provinces of the

country and has established a network of 400,000 health monitors, 80 per cent of whom are high school students. It has also had an important impact on immunization.

7. In the 1980s, Colombia made major strides in extending vaccination coverage and in controlling vaccine-preventable diseases using multiple strategies and a vigorous social mobilization approach. Vaccination coverage in 1980 increased from an average of 20 per cent for the main antigens - combined diphtheria/pertussis/tetanus, anti-tuberculosis, polio and measles vaccines - to an average national level of 80 per cent by 1990. During 1990, improvements in the information system led to the identification of municipalities where coverage was critical and "mop-up operations" were encouraged. Epidemiological studies provided the basis for local health agencies to identify and reduce lost vaccination opportunities. The immunization programme has succeeded in fostering a culture of immunization among the population. Parental resistance to vaccination has been overcome through sustained education and mobilization efforts. Colombia shows a strong potential to increase and sustain coverage beyond 80 per cent, although significant regional variations still persist.

8. UNICEF will maintain its support to the child survival programme and will reinforce its strategies for involving new institutional partners, mobilizing community organizations and decentralizing administrative procedures. This will include support for the Ministry of Health's immunization strategy, which supplements the regular programme with immunization days and special "mop-up" operations.

Child development

9. The Government of Colombia has made important advances in child development through child-care programmes for children under seven years of age. Although these programmes already reach 1 million children, particularly those between three and six years of age, a similar number of children - approximately 800,000 youngsters under two years and nearly 300,000 children under six years - remain unserved. In addition, the quality of services to promote child development needs to be strengthened.

10. The Government has acknowledged the need to formulate a national child development policy and has requested UNICEF support. Such a policy would be based on the assumption that not all children require the same type of care and that universalization is possible if beneficiaries are selected on the basis of age, family situation, income level and type of needs. UNICEF cooperation will focus on creating a child-care network for all children under seven years of age, using itinerant promoters and the mass media to educate parents and transfer knowledge and technology for child care at home at a lower cost.

Basic education

11. UNICEF will continue to support the programme for universalization of basic education in rural areas through the application of the "new school" methodology, which has been adopted officially as the curriculum for rural primary education. UNICEF has assisted in the preparation of revised study guides and other curriculum materials, including aspects related to children's rights, child survival and development (CSD), environmental conservation and the elimination of sexual stereotypes. Support will also be provided to "new school" methodology for urban areas.

Basic services for Bogota

12. The programme aims to support the authorities of the District of Bogota in their efforts to improve the quality of life of children who live in conditions of critical poverty.

13. In the past, it has been constrained by the limited coordinating capacity of the implementing agency and a lack of support from the previous municipal administration. At present, the programme is being reformulated in an effort to involve other parties in its planning and execution, such as the new mayor, non-governmental organizations (NGOs) and other district development agencies.

Basic services for the Pacific Coast

14. This programme seeks to improve the standard of living of the Pacific Coast population through access to basic social services by promoting physical, economic and social integration with the rest of the country and strengthening community participation in identifying and meeting basic needs.

15. The Pacific Coast programme has improved health, education and child-care services, although there have been some problems with service delivery. Many of the past year's activities focused on implementing an integrated strategy.

16. Future activities will include continued support for social mobilization to familiarize mayors with the programme; the provision of water and environmental sanitation; and the evaluation of income-generating projects to determine their impact on the community and further their integration into the region's overall development strategy.

Social policies

17. UNICEF has supported social policy development through research and the diffusion of information and by strengthening management capacity and identifying appropriate technologies to improve institutional social services offered by the State, especially those related to children, women and the family. UNICEF will continue to support research on local planning and community participation, for the design of a system of social indicators with reference to women and children, and to evaluate previous projects.

Advocacy and communication

18. UNICEF is providing support to the Ministry of Communications to define communication policy for social development programmes; to design sustained communications strategies to guide, coordinate and mobilize different sectors in favour of children and women; and to develop innovative communication methodologies to sensitize policy makers at the national level and in the private sector in order to solve the problems facing children and women.

19. Continued support will be provided in the areas of programme support, social communications planning, social mobilization, institutional strengthening, evaluation and coordination.

II. COTE D'IVOIRE

20. The country programme for Côte d'Ivoire for the period 1990-1991 was approved by the Executive Board in 1989 with a general resources ceiling of $1,940,000 (E/ICEF/1989/P/L.5). An additional $1,203,000 is being requested not only to replenish the approved amounts of general resources that have been depleted by increases in funding ceilings since 1989, but also to reinforce programme execution in several key sectors, including some activities responding to emerging needs. In the current period, the country has not benefited from supplementary assistance and all activities have been financed from general resources. A country office independent of the West and Central Africa Regional Office was established in 1990.

21. Since the elaboration of the present country programme, which was based on the 1988 situation analysis, the economic situation in the Côte d'Ivoire has continued to deteriorate rapidly, with negative consequences for national capacity and budgets and the overall quality of life of the population, especially children and women. Since 1985, the economic crisis, which the country has been facing for the past decade, has worsened. Its consequences on state and individual income have been so devastating that the Cote d'Ivoire can no longer be considered a middle-income country.

22. The prices of primary export products such as coffee and cocoa, responsible for 40 per cent of foreign exchange earnings, continued to decline sharply. Whereas in 1988 poverty indices showed 10 per cent of the population with an income below the poverty line, more recent estimates show that 40 per cent of the population now earn less than that level. State capacity to meet its own social obligations has also been largely curtailed. In the area of health, for example, a 3 per cent annual reduction in expenditure has resulted in reduced access to PHC. In 1990, funds normally allocated by the Ministry of Health to purchase vaccines and essential drugs were drastically reduced, and essential drugs became scarce in many health facilities and in almost all peripheral health units.

Primary health care

23. Continued high maternal mortality rates (MMRs) are attributable to a number of causes, including economic and socio-cultural factors, inadequate surveillance of women during pregnancy and the poor nutritional status of women. A direct correlation has also been established between increasing maternal mortality in hospitals in Abidjan, the capital, and the lack of essential drugs and inadequate health services at the peripheral level. Infant and child mortality rates remain relatively high at 95 and 142 per 1,000 live births, respectively. Major causes of infant and child deaths are diarrhoeal diseases, meningitis, malnutrition, acute respiratory infections (ARI), malaria and premature births. Recent morbidity reports trace the decline of health in the Côte d'Ivoire. Diseases such as yaws and dracunculiasis (Guinea worm disease) have reappeared, and recent surveys estimate that approximately 3.1 million people are at risk of the latter. Only 30 per cent of families have latrines in rural and peri-urban areas. In most schools, latrines are non-existent. A 1989 survey estimated that human immunodeficiency virus (HIV) seropositivity rose from 4 per cent in 1986 to 9 per cent in 1989. Among prostitutes, this prevalence rose to 51 per cent in 1988 and 70 per cent in 1990. In June 1990, there were 3,647 officially declared cases of acquired immunodeficiency syndrome (AIDS). It is noteworthy that HIV in the Côte d'Ivoire is present in urban and rural areas in almost similar proportions.

24. PHC interventions will be geared towards national coverage. Other interventions for street children, environmental sanitation, women and young child development will be area-based and limited in this phase to the most affected geographical zones. At the zonal or area-based level, the programme will focus on encouraging effective community participation. Increased and improved national capacities, both professional and institutional, will also be emphasized.

25. The present programme focuses on continued support to the expanded programme on immunization (EPI) in order to attain 80 per cent immunization coverage and, thereafter, sustain that level. In order to do so and to provide improved maternal and child health (MCH) care, it will be necessary to enhance national and local capacities to support a well-managed PHC system. Within the context of EPI in 1990, an increase of 249 fixed immunization centres was planned so as to decentralize programme management and achieve an immunization access rate of nearly 50 per cent. This strategy of correctly equipping fixed health centres to provide immunization is a precursor to the development, starting in 1991, of an efficient health system that should provide a package of basic health services, in accordance with local health profiles, in each rural health zone. Major support will be provided in 1991

for information, education and communication activities. Television and radio programmes, as well as the creation and training of local social mobilization committees, have been emphasized in the context of EPI, and these will be broadened to address PHC.

26. The 26 rural health zones throughout the country have been reinforced primarily for EPI. In 1991, the administration of oral rehydration therapy (ORT), improved MCH services and the control and reduction of yaws, dracunculiasis and malnutrition are to be emphasized in each rural health zone, in addition to EPI. The social mobilization committees formed in each of the rural health zones will also sensitize communities about AIDS prevention measures, especially for women.

27. It is planned to support village pharmacies and dispensaries in rural health zones, where the concept of community financing has already been established, with a view to providing affordable essential drugs and to facilitating the eventual development of self-sustained, community managed and financed systems in the spirit of the Bamako Initiative.

Environmental sanitation

28. The emphasis on reinforcing PHC, particularly the wider dissemination of ORT, is a partial response to the high incidence of child morbidity and mortality caused by diarrhoeal diseases. Poor sanitation services and practices have been addressed by the school sanitation programme, which was initiated in schools in peri-urban areas where overcrowding and poor sanitation facilities create an environment that is both unsanitary and unfavourable to learning.

29. A project for latrine construction, targeting 40 primary schools, has been developed with the participation of teachers, municipalities and the population, and with technical assistance from the World Bank. Construction will be accompanied by sensitization and information activities, with parents and students responsible for maintenance. In the rural health zone of Biankouma, 20 villages have been targeted for construction of some 250 family latrines, with assistance from a local NGO and the participation of families benefiting from the project. Although latrine construction has been emphasized, it is hoped that the wider concept of waste disposal and environmental protection will also be stressed.

Children in difficult circumstances

30. In the field of education, despite continued high state expenditure, recent statistics show that 75 per cent of students enrolled in primary school and 70 per cent of students enrolled in the first year of secondary school do not complete their studies. This situation has resulted in increasing numbers of street children. In the urban commune of Abobo in Abidjan, with a population of about 400,000, there are approximately 3,000 street children. A study undertaken during 1990 will provide comprehensive quantitative and qualitative data on this group of children.

31. The economic crisis has affected both government capacity to provide basic education to all school-aged children and parents' capacity to support the cost of their children's education. The number of children outside the school system and not yet integrated into productive life is estimated at 56,500. The approved programme of cooperation for the 1990-1991 period had placed only limited emphasis on this problem. Since government authorities are concerned about this group who lack adequate skills to be integrated into the productive labour force, and since national policies support the principle of basic education for all, a directorate has been created to develop appropriate responses to the needs of children outside of the school system who are now in the street. Among the major tasks assigned to this directorate are the consolidation of an appropriate database and the development of appropriate interventions on behalf of these children. UNICEF will assist in both activities.

Women

32. The absence of viable statistical data on women remains a problem of programme development in the Côte d'Ivoire. However, a major study has been initiated to constitute a data bank on the situation of women. Available information indicates that women's economic situations remain unfavourable. Women, who constitute a majority of subsistence farmers and workers in the informal sector, are most prominent among the poorest population groups. High illiteracy rates (77 per cent) and inadequate education and preparation for a productive life adversely affect women's capacity to participate at all levels of the development process.

33. Improved social and living conditions for women, as well as their proper integration into the development process, have been the focus of actions undertaken by the Ministry of Women's Affairs, which plans to reinforce its capacity to support programmes for women by training rural animators in health, literacy, management and organization of cooperatives, improved production techniques and sensitization of women's groups. The Ministry also plans to develop a database on the situation of women in the Côte d'Ivoire. Activities for the protection and development of young children have been planned to reduce the infant mortality rate through appropriate and timely interventions in health service facilities and the organization of appropriate community-based interventions, including child-care centres.

34. Programme implementation will be administered by the relevant technical ministries at central and peripheral levels, as applicable. The Ministry of Planning will assume responsibility for general coordination through its Directorate of Programmes. PHC activities will be managed at the level of rural health zones and coordinated through the National Directorate of Public Health. MCH activities will benefit from collaboration with the Ministry of Youth, Sport and Social Affairs, which will also be responsible for the projects concerning the young child and children in difficult circumstances. The Ministry of Women's Affairs will manage projects under its jurisdiction. The Ministry of Education, together with a technical team from the World Bank and from municipalities, will execute the school hygiene component of the sanitation programme.

35. The Government will be assisted in the development of a national programme of action to achieve the goals endorsed by the World Summit for Children. The national adaptation of the Summit's goals will incorporate many national and local organizations, including NGOs.

III. EASTERN CARIBBEAN COUNTRIES

36. The multi-island programme serving nine Eastern Caribbean countries (Antigua and Barbuda, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and Turks and Caicos Islands) was approved by the Executive Board for the period 1988-1992 with available general resources of $2,250,000 (E/ICEF/1988/P/L.14). Because of increased general resources availability, the annual planning level has been increased by $450,000 to $900,000 from 1991 onwards.

37. The additional funds are being requested to intensify advocacy, information and communications activities; initiate new efforts to improve the social and economic status of women in the subregion; and improve monitoring and evaluation of the UNICEF-assisted multi-island programme.

Child survival and development

38. The two-tiered approach of the multi-island programme is proving to be effective. It entails supporting country-specific projects in the individual islands, in addition to a range of activities designed to have an impact on common problems and to promote innovative child development actions in the subregion.

39. Subregional activities are largely in the areas of advocacy, information and communications on such common problems as child abuse and adolescent pregnancy. Themes such as early childhood education, AIDS prevention and the adoption and implementation of the Convention on the Rights of the Child are also promoted.

40. Country-level activities include support to PHC, especially EPI, which succeeded in achieving UCI in all nine countries by the end of 1989. Attention will now focus on the achievement of 100 per cent immunization coverage throughout the East Caribbean, as well as the eradication of measles by 1995. To help attain this objective, UNICEF is supporting improvement of the cold chain and the implementation of social mobilization strategies. In Grenada, for example, technical assistance was provided for the design of communications materials, in addition to funds for production and distribution. This assistance helped to increase immunization coverage substantially in 1989 and subsequently sustain it at over 80 per cent in 1990.

41. In addition to health, assistance is also provided at the country level for projects in early childhood development, nutrition, women in development and water and sanitation. In early childhood development, the quality and

coverage of services are increasing in all territories. Antigua and Barbuda, for example, has expanded pre-school enrolments to 50 per cent of pre-school-age children, while 71 pre-school teachers out of a total of 80 received in-service training in the period 1988-1990.

Advocacy and information

42. Advocacy and information are the cornerstone of the UNICEF programme strategy in the Eastern Caribbean. Building alliances with partners in the diverse programming environment of the nine countries is an ongoing challenge, which is being met with considerable success.

43. Awareness of important themes such as the Convention on the Rights of the Child and better parenting practices is increasing at all levels of society, from political leadership to community groups. Public consciousness and action is on the upsurge regarding problems such as child abuse and AIDS. This increased consciousness is the result of a comprehensive advocacy and information approach that uses all available media to stimulate concern and positive action on behalf of children in the Eastern Caribbean.

44. One example of the approach is an innovative agreement signed by the Caribbean News Agency, the Caribbean Broadcasting Union and UNICEF to produce and disseminate throughout the region a series of thirty 60-second public service announcements, six 15-minute radio features, three one-hour call-in radio discussion programmes, a monthly wire service feature and a bi-weekly five-minute television feature. Under the title Caribbean Multi-Media Support, the agreement ensures regular media coverage of children's issues throughout the Caribbean and even beyond. Other information activities with a wide outreach include the production of a quarterly newsletter and an occasional comic magazine, designed and illustrated by local artists to draw attention to social problems affecting teenagers, such as AIDS and drug abuse.

45. Some of the additional funds will be used to intensify and expand the advocacy and information strategy, which is proving to be so effective in public education, and to support mobilization and positive action on behalf of Caribbean children. Expanding linkages with churches and other religious groups will be emphasized, as well as with NGOs and community organizations that are working in the most deprived areas of the subregion. Other institutions such as the University of the West Indies Distance Teaching Experiment will also be assisted as part of the overall strategy, which aims to keep building on the alliance that is steadily growing in profile, outreach and effectiveness.

Women in development

46. Adolescent pregnancy is one of the main social problems in the Eastern Caribbean, and UNICEF support has been aimed at helping teenage mothers and their children. Teenage motherhood, which produces the syndrome of "children rearing children", occurs most frequently among poor and deprived women and is often accompanied by obstetrical complications, child abuse and endemic poverty.

47. UNICEF has been involved in efforts to continue the basic education of adolescent mothers since they are quite often prohibited from or unwilling to re-enter the school system. UNICEF has also supported programmes aimed at the acquisition of employment and income-generation skills, as well as those for child care and better parenting.

48. It is estimated that 50 per cent of households in the Caribbean are headed by single females. The economic policies and events of the past decade have had a negative effect on the quality of the lives of these women and their children.

49. A regional strategy for women in development which aims, inter alia, to improve the economic situation of poor women, was endorsed by women leaders and key government officials from the nine countries in October 1990 at the UNICEF mid-term programme review meeting.

50. UNICEF will, therefore, initiate support in this area, utilizing funds primarily for supporting income-generating initiatives for women through national development foundations. Emphasis will be placed on feasibility analyses, training and credit schemes, as well as institutional support, to ensure sustainability at both country and subregional levels.

Monitoring and evaluation

51. In dealing with the ministries, institutions and NGOs of nine countries, as well as regional bodies, the task of managing and planning UNICEF assistance and the monitoring and evaluating of the performance of UNICEF-assisted projects is complex, especially since there are no UNICEF staff posted in any of these countries.

52. Additional resources will be used to provide technical assistance for programme management and for monitoring and evaluating the performance of the multi-island programme in terms of programme inputs and outputs and the overall effectiveness and impact at both individual country and subregional levels. Monitoring progress of the achievement of the goals for children in the 1990s will constitute an important part of this activity.

IV. EL SALVADOR

53. The country programme for El Salvador for 1988-1992 was approved in 1988 with available general resources of $1,638,000 (E/ICEF/1988/P/L.15). Owing to increased general resources availability, the annual planning level for 1991 and 1992 will be increased to $750,000. In addition, accelerated expenditure was authorized for 1990, which enabled the Government to achieve UCI before the end of 1990.

54. There are new developments and challenges in El Salvador as a result of adjustments in social policy, expressed in compensatory social programmes to alleviate the impact of economic adjustment measures. The commitment of the

Government to the most vulnerable groups has been expressed in a number of ways, including decentralization policies to strengthen local government, a renewed emphasis on community participation, the creation of a Social Investment Fund and National Family Secretariat and the promulgation of a General Law of Education for the extension of pre-school services and basic primary education, with corresponding budgetary allocations.

55. In line with government social programmes, the additional funds will be utilized to accelerate programme implementation in the areas of health, nutrition, education and water supply and sanitation, with a continuing focus on poverty and conflict areas; for new cooperation to benefit children in especially difficult circumstances; and to strengthen technical support, in particular towards the Social Investment Fund.

Health and nutrition

56. Within the subregional child survival programme and the basic services approach of the country programme, the primary focus of UNICEF cooperation in El Salvador has been in the area of child survival, emphasizing a PHC strategy. With immunization and the successful "Days of Tranquillity" as the cornerstone of the approach, significant progress has also been made in other areas. For example, in the control of diarrhoeal diseases (CDD), a system for the promotion and distribution of oral rehydration salts (ORS) has been established in partnership with a multinational corporation with over 40,000 sales outlets. UNICEF has also supported the training and equipping of 2,000 new traditional birth attendants (TBAs) in areas of extreme poverty, in addition to planning for the establishment of birthing/delivery centres.

57. This cooperation will be continued and expanded, with a focus on monitoring child growth and development, the promotion of breast-feeding, the control of ARI and women's health issues.

58. UNICEF support will be provided through the Catholic Church to five dioceses, using pastoral agents for training technical staff and promotors, in addition to printing of educational materials and community health education activities. Some 16 regional coordinators and 654 pastoral agents will be trained each year. These activities will be targeted to the 78 poorest municipalities of the country.

59. UNICEF will also provide support for the establishment of a food and nutrition surveillance system, for fortification of sugar with vitamin A and for the prevention of anaemia.

Education

60. Past cooperation in education has utilized innovative approaches to reach displaced families and the poorest sectors in urban and rural areas, such as literacy by radio and the "active schools" project, which incorporates flexible curricula, schedules and calendars to meet the needs of children, particularly in rural areas during harvest time. Access to pre-school,

primary school and adult literacy has been provided through these projects to over 500,000 beneficiaries.

61. Evaluation of these projects has shown their effectiveness in reaching neglected groups, and the methodologies developed are now receiving serious consideration for country-wide replication. Programmes in early childhood education and primary education are being developed for financial assistance from the World Bank, with which UNICEF is working in close partnership.

62. UNICEF cooperation will aim to expand current efforts, pending receipt of funds from the World Bank. In pre-school and primary education, UNICEF will thus continue support in the areas of training, the provision of materials and equipment, and the printing of textbooks. Upon receipt of funding from the World Bank, this cooperation will focus uniquely on training and technical assistance. Support to the "literacy by radio" programme will continue through the development and production of materials for adult education and the training of promoters and pastoral agents.

Planning and policy development

63. El Salvador has already ratified the Convention on the Rights of the Child. UNICEF will support national legislation and a strong social mobilization process with schools, NGOs, communities, political leaders and institutions to promote acknowledgement and demand for compliance with the Convention.

64. Technical assistance will be provided to support the ongoing reformulation of social policies within the framework of adjustment and budget reorientation of the Ministries of Health and Education. Technical support will also be provided to assist the Social Investment Fund in strengthening its work with municipalities and in supporting project identification and service delivery.

Water and sanitation

65. UNICEF has provided cooperation in the area of water and sanitation, focused on the development of appropriate technologies for increased access to potable water supply and excreta disposal services. In 1990 alone, over 20,000 people benefited from the construction of 4,000 family latrines and the installation of 25 gravity-fed water systems, while over 1,500 polyvinyl chloride hand-pumps for shallow wells were supplied.

66. To continue this programme pending receipt of supplementary funding for the subregional water and sanitation programme (E/ICEF/1991/P/L.25), continued assistance will be provided for the construction of gravity systems, greater emphasis on health education and sanitary practices and the assessment and implementation of cost-recovery and user fees.

Children in especially difficult circumstances

67. Activities have been planned to address the needs of street and working children within the subregional programme (E/ICEF/1990/P/L.30), but since funding has not yet been secured, certain activities will be initiated using general resources. These will include technical assistance to the National Family Secretariat to support planned activities for street children in San Salvador, the capital, and for children in institutions and child workers. Special emphasis will be given to the needs of adolescent mothers, to provide outpatient services for young mothers in San Salvador and in other cities, and for education, counselling and income-generating activities.

V. PAPUA NEW GUINEA

68. The current country programme of Papua New Guinea was approved by the Executive Board in 1988 for the period 1988-1992 with a total allocation of $1.2 million from general resources (E/ICEF/1988/P/L.22). The annual planning level for Papua New Guinea was increased from $240,000 to $500,000 beginning in 1989, and again to $750,000 from 1991 in order to accelerate activities within the framework of the country programme. An additional $1.34 million is required for the remaining two years of the programme.

69. The funds will be used for maternal health, EPI, CDD, community-based CSD programmes and basic education, coupled with social mobilization activities. Adjustments will be made to better address priority needs as identified in the mid-term review of the country programme, held jointly with the Government in late 1990. Training will be further strengthened in all programme components to help ease the human resources shortage, which has been strongly felt in the provinces, particularly since the Government has accelerated its decentralization process.

Health

70. The loss of revenue caused by the closure of the copper mine in Bougainville at the beginning of 1990 led to drastic cuts in government expenditure in health since the mine had been a main source of government income. EPI was seriously affected because of the virtual suspension of funds for all rural health services. Intensified work and funding from UNICEF managed to raise immunization levels from 53 per cent in 1989 to 60 per cent by the end of 1990. Continued efforts will be made to expand the programme to all provinces and attain as high coverage levels as possible. Social mobilization will be carried out, with an emphasis on increasing measles and tetanus toxoid vaccinations.

71. Diarrhoeal diseases are one of the leading causes of infant and child deaths. With increased funding, CDD will continue to be provided nation-wide. Emphasis will be on early recognition and treatment at home by promoting ORT and the correct use of ORS. Other main preventive interventions include sanitation and hygiene education linked closely with the CDD programme.

72. The country has an MMR of over 800 per 100,000 live births, one of the highest in the world. Efforts to address the problem will be further strengthened in the Southern Highlands and Milne Bay provinces by improving maternal care through the training of TBAs. As a result of advocacy for national replication of the programme, a policy has been announced to include TBA training in community development. Training will be extended to other provinces when preparatory work on curricula standardization and the development of training manuals for illiterate TBAs has been completed.

Community-based child survival and development

73. The project in the Southern Highlands Province will be continued. Greater understanding and acceptance by the various sectors of the need for integration was noted in the mid-term programme review. Improved planning and monitoring, the promotion of women's participation in all project components and specific projects for women's development will all be emphasized. Training will be provided to strengthen the capabilities of district-level officials and implementors to assume area-based CSD programming and implementation and to improve management and coordination once the programming responsibility has been assigned to the Provincial Planning Office.

74. Assistance will also be continued in the Kila-Kila urban settlement. The progress of the project has been slow, and more effective advocacy and social mobilization will be needed to increase community awareness for more active participation. The project includes such elements as family food production linked with nutrition education, and the promotion of pit latrines combined with hygiene education and training for leadership and community organization.

Education

75. The adult literacy rate for women in Papua New Guinea is 35 per cent, compared with 55 per cent for men. Although primary school enrolment for girls is improving, it is still low at 66 per cent and the retention rate is less than 38 per cent, with the highest drop-out rate before the end of the first year. The issue became a main concern during the mid-term review of the country programme, which recommended that basic education become a main component of the programme. The 1991 budget for education was increased, the National Literacy Awareness Secretariat was established, as was an International Literacy Year Committee for 1990-1991. UNICEF will assist education planning, materials preparation, training in curriculum development and teacher training. Experiments will be undertaken for approaches such as multi-grade and mobile classes. Similar activities will also be carried out in adult education.

Social mobilization

76. Social mobilization was introduced first for UCI as a framework for advocacy at macro-levels. Advocacy for political commitment to social development, focusing on children and women, received a major boost with the Prime Minister's participation in the World Summit for Children and his signing of both the Summit Declaration and the Convention on the Rights of the

Child. At the same time, a study on "adjustment with a human face" was completed, while an update on the situation of children and women is under way in preparation for the second country programme for 1993-1997.

77. More focused social mobilization will be undertaken as a strategy for achieving sectoral objectives. Facts for Life, already adapted to the Papua New Guinea context, will be incorporated in all relevant projects, including adult education. Experience with UCI mobilization has demonstrated the effectiveness of community theatres and puppetry as modes of communication that can be applied to other programmes.

Programme planning and preparation

78. Working towards the submission of the country programme for 1993-1997, the situation analysis will be finalized in 1991, as will the strategy paper and the country programme of cooperation. Workshops will be organized, and technical support for programming and documentation will be needed. Advocacy and social mobilization for the benefit of children and women in Papua New Guinea will be integrated into the entire country programming process.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Region/country	Current programme cycle	Approved general resources funding a/	Additional funding proposed 1990	1991	Total
AFRICA					
Côte d'Ivoire	1990-1991	1 940	1 203	-	1 203
AMERICAS AND THE CARIBBEAN					
Colombia	1988-1992	4 662	68	1 100	1 168
Eastern Caribbean countries	1988-1992	1 638	289	900	1 189
El Salvador	1988-1992	-	501	750	1 251
ASIA					
Papua New Guinea	1988-1992	1 200	590	750	1 340
Total			2 651	3 500	6 151

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.

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FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

International Child Development Centre

The Executive Director recommends that the Executive Board authorize a three-year extension for the International Child Development Centre for the period 1991-1993, for which a total allocation of $11.8 million is proposed, of which the Government of Italy has pledged 10.5 billion lire (approximately $9.4 million) for the Centre's core programmes, with the remainder to be sought from other donors for specific activities.

CONTENTS

	Paragraphs	Page
INTRODUCTION	1 - 3	3
I. MEDIUM-TERM PLANNING FOR THE INNOCENTI CENTRE: GENERAL TRENDS	4 - 9	3
II. PROJECTED TRENDS AND ACTIVITIES IN THE MAJOR PROGRAMME AREAS	10 - 20	5
A. National capacity-building	10 - 11	5
B. Economic policies and mobilization of resources for children	12 - 13	6
C. Rights of the child	14 - 15	6
D. Needs of the urban child	16 - 17	7
E. Family support	18	8
F. Training, information and documentation	19 - 20	8
III. STAFFING AND FINANCING	21 - 24	9
IV. RECOMMENDATION	25	10
Annex. Estimated breakdown of expenditures		11

INTRODUCTION

1. The UNICEF International Child Development Centre (often referred to as the Innocenti Centre) was established at Florence, Italy, in 1988 to undertake and promote policy analysis and applied research, to provide a forum for international professional exchanges of experience and to advocate and disseminate ideas and policies for child survival, protection and development. In areas of programme relevance, on a very selective basis, the Centre also provides training and capacity-building opportunities for UNICEF staff, concerned government officials and the staff of other institutions with which UNICEF cooperates.

2. Progress on the establishment of the Centre and the results of its first two full years of programme activities have been reported annually to the Executive Board, most recently in document E/ICEF/1991/L.9. In the present paper, the Executive Director recommends a three-year extension of the initial authorization for the Centre (decision 1987/22) and summarizes plans for its second phase of operations for the period 1991-1993.

3. Assuming authorization by the Executive Board, the Government of Italy has made a firm commitment to continue its financial support for the Centre's basic costs. Building on complementary funding for one of the Centre's four major programmes provided by the Government of Finland through the Finnish Agency for International Development (FINNAID), the Executive Director proposes continued gradual diversification of the Centre's financing. The Government of Italy is expected to maintain a long-term commitment to provide adequate funding for core programmes, while modest additional contributions will be sought from other donors for specific activities. For the period 1991-1993, a total allocation of $11.8 million is proposed, of which $9.4 million (at the January 1991 exchange rate) would be provided by the Government of Italy.

I. MEDIUM-TERM PLANNING FOR THE INNOCENTI CENTRE: GENERAL TRENDS

4. The Centre is still in its infancy, having begun its work only in September 1988. It is too early to forecast all the comparative advantages developing from this new UNICEF resource, but a number of conclusions are emerging from its initial activities. At its third meeting, held in November 1990, the Centre's Advisory Committee reviewed progress during the first phase and considered several policy issues for the near to medium-term future. The present chapter summarizes the main conclusions of that meeting and subsequent consultations with senior UNICEF management regarding the overall strategy for the further development of the Centre.

5. Perhaps most importantly, it is proposed that the principal focus of the Centre's efforts remain research and policy studies, especially on emerging policy issues of direct relevance to the well-being of children and families

in need. Advocacy and training or capacity-building are also appropriately part of the Centre's mandate, but these activities should emanate largely from its research and other analytical work. A strong research and policy-oriented core is needed for each of the major programme areas (see paras. 10-16 below).

6. As the results of research and policy analyses continue to emerge, including an increasing number of publishable studies, there will be a natural shift in strategy towards disseminating these results, especially in policy circles, not just through publications, but also through high-level media events, "Innocenti seminars", policy conferences and networking efforts, both within and outside UNICEF. Accordingly, the Centre's staff is being strengthened in the areas of information, documentation and communications in order to facilitate this type of outreach and policy impact. Initial efforts to link the Centre's efforts to the widely recognized information and communications capacity of UNICEF, both at headquarters and in the field, will also be strengthened during the next three years.

7. Following the November 1990 Advisory Committee meeting, a decision was taken to transfer responsibility for national capacity-building for child survival and development (CSD) in Africa, one of the Centre's four major programmes, from its base in Florence. The programme is now reaching the stage where it requires a more Africa-based approach to implement strategies and guidelines developed over the last two and a half years. A final decision has not yet been reached as to whether a new programme should replace it on the Centre's already ambitious research agenda, especially in the light of requests, particularly from Central and Eastern Europe, for the Centre to expand and strengthen its work in child poverty and deprivation in industrialized countries. Various options are being explored, including a proposal on "family support" (see para. 18 below) that would build on existing research and policy studies at Florence and facilitate cooperation among the Centre's research programmes.

8. The first phase of work has demonstrated the importance of working closely with UNICEF field and regional offices and researchers from developing countries, who themselves are often consultants and partners for UNICEF country programming and evaluation. This approach helps to keep the Centre's research agenda oriented towards policy and relevant to programmes, and enriches the studies with a strong "real world" orientation, sometimes in overly abstract areas such as "child rights". UNICEF field staff and their allies thus gain exposure to broader policy issues and internationally recognized experts as a result of their participation in multi-country studies, Innocenti seminars and other meetings. Because the Centre has a relatively small staff, the cooperation of other institutions and individuals is important. Links with ongoing UNICEF-supported country programmes make this type of networking especially attractive and distinctive within the United Nations system and help to strengthen research and policy analysis capacities in developing countries.

9. In response to encouragement from Executive Board members, and within the guidelines of the medium-term plan (E/ICEF/1990/3 and Corr.1, para. 138), the

Centre proposes to expand gradually its cooperation with researchers and policy specialists in industrialized countries on carefully selected issues related to children and families living in poverty or suffering from other serious deprivation. Important policy issues are also being identified in areas where national boundaries may be irrelevant or where increasingly similar risks are facing disadvantaged families and children in both developing and industrialized countries, such as the international traffic in drugs and the problems of immigrant children. Three of the Centre's programmes (economic policies, child rights and the urban child) already include cases drawn from industrialized countries, while efforts are under way to determine the benefits of comparative policy analysis and professional exchanges across the often arbitrary distinction between North and South.

II. PROJECTED TRENDS AND ACTIVITIES IN THE MAJOR PROGRAMME AREAS

A. National capacity-building

10. In addition to the developments summarized in the 1990 progress report (E/ICEF/1991/L.9), a number of trends and proposed new activities in each of the four programme areas are worth noting because of their future implications. The most significant development involves the transfer of the national capacity-building programme to an African base in order to be closer to the countries where the early experimental work is under way and where the principal challenges of country- and regional-level operations must be faced. Both of the senior Professionals concerned with the conceptualization, planning and coordination of this programme at Florence, including the Centre's Deputy Director, will move to an East African location, probably in Uganda.

11. As specific needs and opportunities arise, the Centre will consider possible transitional or backstopping support for the national capacity-building programme during its relocation, particularly regarding ongoing objectives of the Florence-based programmes. For example, the Centre is seeking ways to encourage follow-up to and dissemination of results from its first two Innocenti seminars on early childhood development and participatory development. The African universities involved in the national capacity-building programme are interested in those and other research topics being explored at the Centre. It would be logical to explore possible future cooperation with researchers at these universities, in line with the Centre's above-mentioned cooperative approach to research and policy studies. There may also be opportunities for the Centre to contribute to the objectives of promoting interregional exchanges of experience on participatory strategies for achieving linkages between universities, communities and Governments, and sharpening UNICEF capacity, as well as that of its partners, for undertaking operations research for CSD programmes.

B. Economic policies and mobilization of resources for children

12. In this area, work has been concentrated on three projects: (a) structural adjustment policies in sub-Saharan Africa; (b) financing social services; and (c) child poverty and deprivation in industrialized countries. In addition, following the successful Warsaw roundtable in October 1990 on "Safety Nets for Children in Central and Eastern Europe", the Centre's economics staff are gradually increasing the scope of their work on socio-economic policies affecting families and children in that region during its difficult and perhaps uncertain transition to the market economy and to more participatory political systems. Efforts during the remainder of 1991 and much of 1992 will focus on the continued publication of research results (already well advanced), including three or four books that should be attractive to major commercial publishers; the dissemination of research reports; and initial advocacy and knowledge-sharing with UNICEF staff, research institutions, National Committees for UNICEF, major non-governmental organizations (NGOs) and senior officials of both donor and recipient Governments and agencies. The information and dissemination strategy includes the preparation of local language versions of country studies and national conferences organized by UNICEF field offices or National Committees and their local partners.

13. During 1992, it should be feasible to begin to shift the focus of this programme towards two basic objectives: (a) integrating the results of the first phase into the UNICEF policy-making and programming process, both on issues that are relatively new for UNICEF and on the ongoing challenge of strengthening the understanding and ability of UNICEF to influence the critical economic dimensions of child-related policies and programmes; and (b) undertaking new research and analysis of social policy-making for the child and the family, concentrating on emerging issues of particular relevance to industrialized countries, both East and West, as well as the rapidly industrializing and/or urbanizing countries of several developing regions, notably East Asia and Latin America. Assuming that the Executive Board will respond positively to the initial activities of UNICEF concerning the analysis of "safety nets for children" in Eastern and Central Europe, and that some additional funding and staff resources can be identified, this programme could increase its contribution to work in this area.

C. Rights of the child

14. Projected activities in this major programme area are closely related to the challenging opportunities offered to UNICEF and its allies since the entry into force of the Convention on the Rights of the Child. These activities include (a) analysis and advocacy of implementation strategies and monitoring mechanisms, including indicators of child rights; (b) promoting better understanding of the socio-legal and policy implications of key Convention articles at international, national and local levels; and (c) identifying the most appropriate child rights allies of UNICEF and assisting with

capacity-building and policy advocacy strategies to achieve a cooperative approach to future UNICEF work on children's rights, taking advantage of the comparative strengths of various key public and non-governmental institutions. One of the more sensitive issues requiring improved understanding concerns the related, but sometimes competing, needs and rights of women and children. As UNICEF generally seeks to strengthen the women's dimensions of its programmes and to promote gender equity in the full development of children's potential, and as the importance of women's movements for the fulfilment of many of the goals for children for the 1990s is recognized, the issue of women's and children's rights will surely deserve increased attention from UNICEF as a whole. The Centre will seek to support this effort through careful analysis, in addition to policy advocacy, when appropriate.

15. One of the fundamental principles of the Convention appears in article 3, which states that "in all actions concerning children ... the best interests of the child shall be a primary consideration". This principle is already recognized by the majority of national legal systems, but there are very diverse interpretations in different political and cultural settings. In most Western societies, for example, it is often assumed that the child's best interests are well served by policies and practices emphasizing autonomy and individuality. In other cultures, including most of the world's remaining "traditional societies", the child's links to the family and community or tribe are likely to be considered of greater importance. The Centre proposes to sponsor a major study over the next two years, including cases drawn from diverse cultural settings, on the concept of the "best interests of the child", from which an important book is expected to result. It is also expected that this effort will aid reformers seeking to change customs or traditional practices widely viewed as detrimental to children, in addition to children's advocates who have identified culturally sensitive approaches to protecting children's "best interests" and who recognize the importance of the flexibility required in implementing the Convention.

D. Needs of the urban child

16. Addressing the challenges of rapid urbanization and the progressive deterioration of the quality of life for children and families in urban settings, both North and South, during its first year the urban child programme has concentrated on a project to assess the situations of urban children in especially difficult circumstances, particularly street and working children, and the types of preventive interventions already developed, in close interaction with UNICEF country offices selected for their innovative programmes. Four major focuses have emerged: (a) the importance of analysing changes in family structures and assessing how they are affecting urban children's survival and psycho-social development; (b) the identification of less visible disadvantaged children such as adolescent girls; (c) the importance of "giving children their own voices" in assessing their situations, and exploring solutions to the problems of low-income urban families; and (d) the need to assess programmes and interventions from the point of view of prevention, affordability and sustainability.

17. The urban child programme collaborates closely with the Centre's host institution, the Istituto degli Innocenti, on studies in Italian cities, and is considering including situations in Central and Eastern Europe, perhaps linked to the Centre's increasing concern for child development and changing patterns of parenting and child-rearing. This would also be in line with the development of more explicit reciprocal North-South exchanges of social policy concepts and programme experiences relating to some of the increasingly similar problems facing families living in difficult and often dangerous urban environments throughout the world. The results of this first project will become available during 1991-1992 as occasional papers and monographs and in mid-1991 the programme is expected (a) to focus increasingly on the dissemination of results to the UNICEF policy-making and programming process, as well as to other agencies, institutions and NGOs; and (b) to begin to address specific topics related to common issues of children North and South, such as child development challenges by age group and gender (with a focus on adolescent girls), the growing menace of drug abuse affecting children and the special needs of migrant and immigrant families facing poverty and sharp cultural, racial and other differences in their new urban environments. The latter will be undertaken with working groups including both researchers and policy makers, as well as professionals from UNICEF and other international agencies.

E. Family support

18. Regarding the first phase of activities at the Centre in general, there are indications from each of the major programme areas that a more concerted effort should be made to address key policy and programme issues in a new area, which might be described as combining UNICEF concern for early childhood development and women's multiple roles in society with a fresh look at a variety of family support policies that are emerging in both industrialized and developing countries. Family support, of course, is a broad topic, but in this context it might be viewed as comprising largely key policy measures concerning financial support, support for parents (including time off from work, plus education, for child-rearing) and affordable but developmentally strong child-care programmes. Some of these elements are being explored through ongoing activities, including the financial support and other economic dimensions. The broader social policy orientation of the Centre's economic policies programme, however, might well be complemented in future by a closer review of policy implementation and programme impact at more operational levels.

F. Training, information and documentation

19. A number of projected activities in training, information and documentation are mentioned in the 1990 progress report (E/ICEF/1991/L.9). Regarding the Innocenti seminar, experience has suggested that one such major event per year is all that can be managed within anticipated staffing and budgetary limits and that the cooperation of the UNICEF Training Section, in

addition to resource persons from inside and outside UNICEF, is important for the success of these in-depth seminars. Partly to facilitate the exploration of increased attention to issues of social policy and family support systems (see para. 18 above), and drawing on the Centre's work on child rights and on the urban child, the next seminar is likely to be on "Women's Work and Child Care". In the information, documentation and communications area, it should also be noted that arrangements are being made with other UNICEF divisions to hold an annual media seminar at Florence on critical child-related policy issues. These seminars would bring together outstanding professionals, senior editors and other members of the media. This experimental venture will build first on a media event on children and the environment, scheduled for March 1991, primarily for Eastern European journalists. The event will draw partly on the Centre's analysis of child poverty and deprivation in industrialized countries.

20. The growing collaboration with the Istituto degli Innocenti in the information and documentation area merits special mention as part of a broader networking and outreach effort that will facilitate the dissemination and advocacy objectives of both institutions through easier information searches. The Centre and the Istituto are also exploring the prospects of establishing in Florence a highly user-oriented Videoteca Innocenti (video library), that could include a major international collection of outstanding video materials, plus a carefully selected number of films and documentaries on children's problems and innovative programme responses.

III. STAFFING AND FINANCING

21. A summary of the Centre's current staffing pattern and projections is provided in paragraphs 30 to 34 of the 1990 progress report (E/ICEF/1991/L.9), while paragraphs 38 to 40 provide background on the budget. For the period 1991-1993, it will not be necessary to raise with the Government of Italy the issue of increasing the number of authorized internationally recruited staff members, who are now limited by the formal agreement to seven, although it may become relevant at a later date. (Senior fellows, other visiting researchers, Junior Professional Officers (JPOs) and seconded staff are not included in this figure.) Four of the seven staff members must be available virtually full-time as the senior coordinators of the four major research areas. In addition to the advocacy work of the Director (who may in the future also assume princip. responsibility for one of the programme areas), another senior staff member is needed to manage the area of communications and information, including networking with action-oriented organizations, especially in Europe, for relevant dissemination and advocacy activities.

22. Furthermore, in order to have one or two internationally recruited posts available for programme work, it may be possible before the end of the period 1991-1993 to convert the administrative and other support positions, currently filled by two international staff, to locally recruited posts, especially since it has been agreed that local recruitment for the Centre can be undertaken in any of the countries of the European Economic Community. As far

as overall staff size is concerned, the total, including fellows, JPOs and research assistants (some on special service agreements), is expected to be about 30. The cooperative patterns of research with other institutions and other parts of UNICEF should allow the Centre to operate effectively for the foreseeable future with that size staff.

23. The three-year commitment of the Government of Italy for 10.5 billion lire ($9.4 million at the January 1991 exchange rate) is the same amount as allocated for the first phase, 1988-1990. Although it is hoped that future contributions from the Government of Italy can be protected from inflation and allow for modestly scaled programme expansion, it is necessary to pursue this issue at the present time, largely because of the strengthening of the lire in relation to the United States dollar. It would be desirable, however, to continue the process, initiated with FINNAID, of diversifying the Centre's financial base.

24. A breakdown of projected expenditures is provided in the annex to the present document.

IV. RECOMMENDATION

25. The Executive Director recommends a total authorization of $11.76 million for the period 1991-1993, including the pledged contribution of approximately $9.4 million from the Government of Italy, plus a margin of 25 per cent for supplementary funding from other donors for specific projects. The Executive Director further recommends that the Centre continue to be funded fully from supplementary funds rather than general resources, as originally decided by the Executive Board.

Annex

ESTIMATED BREAKDOWN OF EXPENDITURES a/

(In thousands of United States dollars)

	1991	1992	1993	TOTAL
Programme costs				
Core activities (currently national capacity-building for CSD, economic policies for children, child rights and needs of the urban child); research, policy analysis, workshops, publications	2 000	2 000	2 000	6 000
Exploratory activities in other areas, including family support policies and child development	200	200	200	600
Senior fellows	250	250	250	750
Training (including Innocenti global seminars)	200	200	200	600
Information, documentation and communications	400	400	400	1 200
Cooperation with the Istituto degli Innocenti	320	320	320	960
Subtotal	3 370	3 370	3 370	10 110
Programme support costs				
General management (salaries and other personnel costs for Director's Administration and Finance Office)	400	400	400	1 200
General operating costs (communication, travel, supplies, maintenance, equipment, general publications, Advisory Committee meetings)	150	150	150	450
Subtotal	550	550	550	1 650
Total	3 920	3 920	3 920	11 760 b/

a/ The three-year contribution from the Government of Italy is 10.5 billion lire, the equivalent of $9.4 million at the January 1991 exchange rate (1,115 lire = $US 1.00), with the remainder to be sought from other donors.

b/ Less the 1 per cent charge for recovery of UNICEF incremental operating costs for supplementary-funded projects.

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FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

Interregional programme of cooperation within the framework of the Bamako Initiative

The Executive Director recommends that the Executive Board approve special support to countries developing and testing approaches to the acceleration of primary health care within the framework of the Bamako Initiative for the period 1992-1994 in the amount of $9 million from general resources, subject to the availability of funds.

CONTENTS

	Paragraphs	Page
INTRODUCTION	1 - 6	3
I. COUNTRIES DEVELOPING PROGRAMMES WITHIN THE FRAMEWORK OF THE BAMAKO INITIATIVE	7 - 9	4
II. MONITORING	10 - 20	5
A. Country health situations	10 - 14	5
B. Strengthening health services	15 - 20	6
III. OPERATIONS RESEARCH	21 - 24	7
IV. INTERREGIONAL SUPPORT	25 - 28	9
V. BAMAKO INITIATIVE INTERREGIONAL PROGRAMME	29 - 31	10
VI. RECOMMENDATION	32	12

INTRODUCTION

1. In 1988, the Executive Board approved an allocation of $2 million for the period 1988-1989 to cover the costs of initial planning and preparatory work to accelerate primary health care (PHC) and maternal and child health (MCH) in sub-Saharan Africa within the framework of the Bamako Initiative (decision 1988/3, E/ICEF/1988/13). In 1989, the Executive Board approved a further allocation for the Bamako Initiative of $10.5 million for the period 1988-1991 to cover in-country preparation and associated interregional support (decision 1989/15, E/ICEF/1989/12).

2. The Executive Board has consistently recognized the Bamako Initiative as crucial to the revitalization of health systems at community and peripheral levels and to the creation of suitable conditions for sustaining the vaccination coverage provided by the expanded programme on immunization (decisions 1988/3, 1989/15 and 1990/15 (E/ICEF/1990/13)). As the 1990s began, the Executive Board also recognized the Bamako Initiative as the key health strategy for achieving the goals of the 1990s.

3. As requested by the Executive Board, progress reports on the Bamako Initiative have been presented at its 1989 and 1990 sessions (E/ICEF/1989/L.3 and E/ICEF/1990/L.3), and a new report is being presented at the 1991 session (E/ICEF/1991/L.6). These reports outline the significant activities that have taken place in African countries, as well as in a few countries in other regions, as ministries of health and their partners have examined PHC and the situation of health care delivery systems and planned to strengthen and extend these systems under the Bamako Initiative.

4. Since 1988, when the Executive Board gave UNICEF the mandate to support ministries of health to develop specific proposals under the Bamako Initiative, a number of countries have integrated the Initiative within their respective UNICEF country programmes of assistance, including Benin, Kenya, Sierra Leone and Togo. Guinea and Nigeria are consolidating earlier country programme components and are presenting new recommendations to the 1991 Executive Board (E/ICEF/1991/P/L.8 and E/ICEF/1991/P/L.9, respectively). The Initiative is also prominent in the recommendations currently being presented for Cameroon (E/ICEF/1991/P/L.6), Equatorial Guinea (E/ICEF/1991/P/L.20), Ghana (E/ICEF/1991/P/L.7), Sao Tome and Principe (E/ICEF/1991/P/L.20) and Zambia (E/ICEF/1991/P/L.4). Burundi has prepared a significant proposal for supplementary funding (E/ICEF/1991/P/L.24) and Zaire is using the Initiative as the basis of important short-term action in its bridging operation (E/ICEF/1991/P/L.27). With support from ongoing country programmes of assistance, an additional 14 countries are reviewing their health strategies and shifting their orientations towards the Bamako Initiative.

5. Support to preparatory action in all these countries, either through direct allocations or technical assistance from interregional sources, has been instrumental in assessing and realigning health strategies in line with the Initiative. Improved country programme preparation in the health sector

has been one of the results of this support. Advocacy, exchanges of experience and training are key elements that have increased capacity, both in countries and in UNICEF offices, to tackle the issues and constraints inherent in the Initiative. In this context, the role of the Bamako Initiative Management Unit at UNICEF headquarters has been crucial in providing stimulus and ensuring necessary programme support. It will continue to fulfil this role, providing support for the consolidation of the Initiative in the countries mentioned above and for its adoption and implementation in the remaining countries of sub-Saharan Africa.

6. In addition, the Unit will continue to focus on key issues identified in the original presentation to the 1988 Executive Board (E/ICEF/1988/P/L.40) and elaborated upon in subsequent years. Operations research initiated in 1989 has already provided insight into health and health care problems, particularly regarding the existing financial cost of care to a household and the ways in which people make decisions on obtaining health care. In Sierra Leone, for example, self-treatment is the leading method of health care largely because of the cheaper cost. An expanded and more systematic approach to operations research will be one of the main areas of work of the Unit in 1991 and subsequent years. Support will also be provided to accelerate the development of more accurate country health profiles and of simple systems to monitor systematically progress towards a universally accessible and affordable health care delivery system.

I. COUNTRIES DEVELOPING PROGRAMMES WITHIN THE FRAMEWORK OF THE BAMAKO INITIATIVE

7. Since early 1988, the majority of countries in sub-Saharan Africa have focused attention on the Bamako Initiative. Of these, 12 are moving towards implementation on a significant scale and 15 others have initiated preparatory activities. In most cases, start-up activities were made possible because of allocations made directly to countries from the Bamako Initiative interregional programme.

8. Even in countries where services are being put back into operation under the auspices of the communities themselves, large percentages of the population still lack access to services because of geographical limitations. Services will be extended in the second stage of the Bamako Initiative once existing services have been adequately revitalized. Various options may exist, including additional infrastructure, outreach from present centres through mobile units, the extensive utilization of community health workers (CHWs) or a mix of these measures. No uniform model is expected in any given country; each district health system will have to determine the most cost-effective way of implementing the Initiative, depending on the local situation.

9. Therefore, support will be required not only for those countries still in the beginning stage of the Initiative, but also for those entering the critical second phase which is aimed at increasing access. During the period

1991-1994, it is envisaged that additional country allocations will be made in order:

(a) To enable countries to undertake preparatory and start-up action (especially in smaller countries in Africa with very limited resources for key studies), initial training to develop training and diagnostic or treatment manuals required to improve the quality of services;

(b) To promote continuing, specific country-to-country exchanges, which have already proved successful for learning the strengths and weaknesses of the programme and for improving programme planning and design;

(c) To test outreach alternatives in order to determine the most cost-effective means of extending services to unserved populations;

(d) To continue support to countries outside of Africa where specific interest has been shown in strengthening health care delivery systems according to the principles of the Bamako Initiative.

II. MONITORING

A. Country health situations

10. The deterioration of health services has been one of the most visible results of the economic crisis in Africa. It has been difficult to assess the actual situation of specific countries, however, because of the virtual lack of continuous and reliable data on health status and services. Regular collection of data has been sporadic, and what has been collected has usually been left unanalysed. Surveys have tended to be erratic and limited in focus, typically providing important data on specific diseases, but to a large extent ignoring the nature and quality of services provided.

11. In the last two years, Sierra Leone has been successful, through the Planning and Management Information Systems Unit of the Ministry of Health, in establishing extensive district health profiles in several of its 13 districts. Its eventual aim is to survey the entire country, district by district, thus establishing a nation-wide profile of the status of health and health services in the country. The survey results will then be updated regularly through the improved collection of basic statistics, including regular reporting activities and surveys.

12. Other countries have also begun to compile a similar set of district profiles. Nepal, like Sierra Leone, is concentrating on a health profile, beginning in five districts. Burundi is developing the methodology in one district with a view to using it in the rest of the country. Kenya, on the other hand, has opted for a broader socio-economic profile with health as one of the key elements of analysis. Within the Bamako Initiative's principle of decentralization to the district level, other countries are being encouraged to establish district profiles that allow for a more meaningful analysis of health status and services.

13. During 1991, increased emphasis will also be placed on introducing systematic monitoring of health and nutrition at the village level. The aim is to stimulate local analysis of the causes leading to death, illness or malnutrition among children and to facilitate monitoring of the evolution of local health and nutrition as actions are taken. Experience in a number of countries has shown that villages can undertake such monitoring using simple registers of vital events, which are also extremely useful within the overall peripheral health system.

14. Improved information management is a key element of the Bamako Initiative and support is envisaged for specific activities, including:

(a) The development of district health profiles in countries embarking on the Initiative;

(b) Follow-up surveys to detect key health changes as indicated by the regular reporting system;

(c) Testing, adaptation and progressive introduction of village-level monitoring of basic health and nutrition indicators.

B. Strengthening health services

15. Guinea is one of the first countries, in addition to Benin and Nigeria, where a monitoring system is being developed and tested for national-level data analysis specifically related to the Bamako Initiative and building on prior extensive data collection. In this system, there are two levels of data collection. Information on a number of key aspects of health delivery is collected at Bamako Initiative health centres and this data is also submitted to the central level for general analysis. Data collection has been tailored to monitor the main components of the Initiative.

16. Data is collected in the following areas:

(a) The utilization of health centres by the target population;

(b) Accessibility to health centres, based on a pre-determined standard that takes into account distance, proximity and commuting time;

(c) The availability of drugs, based on a determination of the number of health centres where drugs are out of stock during any given month;

(d) MCH services, including data on antenatal visits, child immunization, curative care, etc.;

(e) Community financing, with health centre records recording the total payments received for dispensed drugs and treatments. Many of the treatments delivered are based on standing orders that carry a specific cost, thus maintaining standard costs for these treatments. Data on expenditures from the revenue is also recorded, e.g., incentives paid to health workers and incidental and other maintenance costs for supplies, etc.;

(f) Equity, showing the numbers of exemptions to payment granted. The decision to allow or disallow exemptions is usually left to the discretion of subdistricts. The status of this decision is recorded in order to gauge cost-recovery levels.

17. The data collected at health centres is analysed by local committees and routinely aggregated and analysed again at the national level in order to monitor the overall performance of the health centres and health services delivery. Previously, analysis was done using log books and manual observations, but it was difficult to assess the performance trends of components from one monitoring period to the next without extensive and time-consuming exercises. Data on financial performance became complex and unmanageable without the aid of an automated system.

18. The Bamako Initiative Management Unit is, therefore, in the process of developing a "user-friendly", menu-driven database software in Guinea, customized specifically to the needs of the monitoring process. This software has been designed through dialogue between the Ministry of Health and the UNICEF office in Guinea.

19. The Guinea monitoring system has begun to demonstrate the usefulness of accurate, ongoing data in measuring service performance and indicating key trends in community utilization and financing. During 1991, it is envisaged that up to five additional countries will be supported with the design and introduction of field-level monitoring systems.

20. Thereafter, continued support would:

(a) Improve existing systems to allow for easier retrieval and analysis of key data, with particular emphasis on service performance;

(b) Modify existing systems in accordance with changing information needs;

(c) Introduce monitoring systems to all countries embarking on the Initiative so that key issues of concern are carefully followed;

(d) Facilitate evaluations through the use of ongoing data from the monitoring systems.

III. OPERATIONS RESEARCH

21. The Executive Board has requested consistently that operations research be given due recognition within the work of the Bamako Initiative. Action in the past year has accelerated in this particular area, including the collection and review of existing research relevant to the Initiative. Findings were consolidated in one of the papers UNICEF presented to the Conference on the Financing of Community Health Activities, held at Kinshasa in June 1990.

22. In order to address key concerns of the Initiative more adequately, including affordability of services, current health care practice, equity of access and drug utilization, specific research projects have been initiated. In Sierra Leone, a study on community health financing was carried out in four chiefdoms. The main part of the study involved 1,157 household interviews, from which data were collected on disease episodes, the choice of a health care provider, the amounts paid for consultation, medicines and travel and the sources of funds. Focused group discussions, interviews with health staff and routine data collection were also part of the overall study. One of the most significant findings relates to the association between the choice of health care and a household's ability to raise cash, which is done primarily by selling foodstuffs, borrowing from relatives or friends or begging. Taking into account the actual options available, self-treatment is eventually used, although if a government primary health unit is located in or near a village it is used extensively. Self-treatment because of affordability often means that using only a partial course of treatment will be followed. These findings are being fed back into the design of the Initiative in Sierra Leone so as to simplify the current pricing schedule, with suitable differentials to maximize revenues and at the same time avoiding deterring people from using facilities.

23. In Mauritania, research in nine villages has begun to indicate that considerable savings can be achieved simply by the presence in a village of a trained CHW with a sustained supply of essential drugs. In the past, one of the main household costs was for the transport of patients to health centres, which are often over 50 kilometres from many remote villages in the country. On average, the cost amounted to the equivalent of $20 per trip. In strengthening the network of CHWs as part of the start-up of the Bamako Initiative, at least half of these trips are being avoided, resulting in considerable financial benefit to households in the community.

24. During 1991, a more systematic approach to operations research is being established, involving greater links with universities in both Africa and industrialized countries and leading to the long-term study of key issues in several countries in Africa. Collaborative work programmes will be established, concentrating on community financing, essential drugs and their rational use, communications and education, community involvement, the ongoing situation of health workers and the quality of care provided. During successive years, support will be required:

(a) To continue research programmes in selected countries on selected issues of concern;

(b) To consolidate the linkage between universities and national institutions, working towards the better delivery of health care services;

(c) To improve the quality of research carried out in selected countries through systematic training and support for the design of protocols;

(d) To produce regular and high-quality technical articles on specific issues.

IV. INTERREGIONAL SUPPORT

25. The funding support approved by the Executive Board in 1988 and 1989 has enabled UNICEF, in collaboration with the World Health Organization (WHO), to lay the groundwork for the Initiative on a wide front across Africa and in a few interested countries in the region. This has included the formulation of implementation guidelines, technical meetings such as those held in Paris (March 1989), Freetown (September 1989) and Kinshasa (June 1990), as well as extensive consultations with other international, bilateral and non-governmental organizations. It has also included the development of programme and information materials for advocacy and to assist in country-level implementation. The funds allocated for interregional support have also facilitated the provision of intensive technical support for programme preparation.

26. As countries continue to develop their plans and programmes, UNICEF, along with WHO, will need to continue to respond in a flexible and dynamic manner. The Bamako Initiative Management Unit, together with the focal point at the WHO Regional Office for Africa at Brazzaville, will have to respond to specific requests for technical assistance and to act as a stimulus when required.

27. As detailed in the 1991 progress report, a core group of 12 countries is well into full-scale implementation, and an additional 15 have begun either preparatory action or in-depth assessments of their health care delivery systems. The latter group will continue to require intensive support for preparatory action in upcoming years, while the former will require ongoing technical assistance in key areas such as strategy and increasing access to health care. Significant continent-level support is envisaged at least through 1995 in order for health care systems to be developed in a manner allowing for long-term sustainability. In addition, some countries, both in and outside Africa and which have not yet begun an assessment period, will be supported in this process at the appropriate time.

28. Activities to be undertaken within the interregional support component will include:

(a) Social mobilization and advocacy, including conferences, workshops and the production of information materials;

(b) Participation in country programme assessments and preparations, including strategy planning and undertaking programme previews and reviews at regional and country levels;

(c) Field visits to provide direct support, document experience and develop further guidelines with case studies for PHC programme development in collaboration with WHO and other agencies;

(d) The provision of short-term staff to provide technical and operational assistance at global and regional levels;

(e) Continued staff development and training in the planning and management of health services delivery, including greater local control of resources and the vital role of essential drugs, in collaboration with WHO and other agencies;

(f) Monitoring of the overall progress of the Initiative in countries that have adopted this strategy.

V. BAMAKO INITIATIVE INTERREGIONAL PROGRAMME

29. To date, a total of 17 countries in sub-Saharan Africa, in addition to Peru and the Sudan, have received specific allocations from the interregional programme for preparatory action. This support consisted mainly of specific studies of various aspects of health care delivery; initial training of national, district and local staff; the preparation of training manuals and diagnostic/treatment manuals; and start-up activities in limited geographical areas. Support to other countries, such as Zambia, has been provided through consultancy services rather than direct allocations.

30. Of the original countries earmarked for specific allocations (E/ICEF/1989/P/L.26), Mali, Mauritania and Zaire received full allocations, while Ethiopia, Ghana and the United Republic of Tanzania received part of the support envisaged. Only in Burkina Faso did action fail to materialize, mainly because of constraints affecting the transition from the essential drugs programme to the broader Bamako Initiative strategy.

31. At the end of 1990, the status of the $12.5 million approved by the Executive Board in 1988 and 1989 was as follows:

	Amount (Thousands of United States dollars)
Specific country allocations:	
Benin	400
Burundi	208
Cameroon	260
Congo	42
Equatorial Guinea	44
Ethiopia	330
Ghana	2 000
Kenya	200
Liberia	60
Mali	300
Mauritania	400
Nigeria	600
Peru	250
Rwanda	150
Sao Tome and Principe	35
Sierra Leone	600
Sudan	200
United Republic of Tanzania	60
Zaire	400
Subtotal	6 539
Interregional support	2 817
Funds available for 1991 action	3 144
Total	12 500

VI. RECOMMENDATION

32. The Executive Director recommends that the Executive Board approve special support for continued acceleration in the implementation of the Bamako Initiative and in order to continue assessing and supporting vital elements of concern for the period 1992-1994 in the amount of $9 million from general resources, subject to the availability of funds.

Breakdown of estimated expenditure
(In thousands of United States dollars)

Programme component	1992	1993	1994	Total
Support to country development of preparatory action	800	700	600	2 100
Monitoring of the country health situation	100	100	100	300
Health services monitoring systems	200	200	200	600
Operations research	500	500	500	1 500
Interregional support	1 400	1 500	1 600	4 500
Total	3 000	3 000	3 000	9 000

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FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

Participation in the Children's Vaccine Initiative

The Executive Director recommends that the Executive Board approve an amount of $7.5 million from general resources, subject to availability of funds, and an amount of $7.5 million in supplementary funds, subject to the availability of specific-purpose contributions, for a three-year programme of cooperation with the World Health Organization and other partners for the period 1991-1993 to support the accelerated development of more vaccines to facilitate the achievement of the health goals adopted by the Executive Board and the World Summit for Children.

CONTENTS

	Paragraphs	Page
INTRODUCTION	1 - 3	3
I. THE NEED FOR NEW AND IMPROVED VACCINES	4 - 8	3
II. EXISTING UNICEF SUPPORT TO IMMUNIZATION ACTIVITIES	9 - 10	4
III. THE CHILDREN'S VACCINE INITIATIVE	11 - 21	5
A. Obstacles to the development of new and improved vaccines	16 - 17	6
B. International Consultative Group for Vaccine Development	18 - 19	7
C. UNICEF support for the children's vaccine initiative	20 - 21	8
IV. RECOMMENDATION	22	9
Annex. Declaration of New York: the children's vaccine initiative		10

INTRODUCTION

1. Ten years ago, nearly 5 million children died every year from immunizable diseases. During the past decade, this toll on children during their first year of life has been reduced dramatically through increased coverage of vaccines for measles; diphtheria, pertussis and tetanus (DPT); poliomyelitis; and tuberculosis. Neonatal tetanus deaths are also being reduced by immunizing women during or prior to pregnancy. In developing countries, at the end of 1989, coverage of children during their first year of life for three doses of DPT and polio vaccine had reached 75 and 78 per cent, respectively. Coverage of measles has more than tripled in five years to 71 per cent. Preliminary data for 1990 show a continued increase, and it is very likely that the goal of universal child immunization (UCI) by the end of 1990 (80 per cent for each antigen) will have been reached.

2. It has been estimated that attaining the 80 per cent mark will significantly reduce deaths from measles, pertussis, diphtheria and poliomyelitis to approximately 1.8 million per year. True universal protection has not yet been achieved for several reasons: the vaccines are not 100 per cent effective and are often given too late; infants or their mothers do not receive the full series and become drop-outs; and some vaccines lack adequate stability to withstand heat and, therefore, become impotent before use.

3. Because of success to date in improving immunization coverage, the World Health Assembly has set goals for eradicating poliomyelitis globally by the year 2000; eliminating neonatal tetanus by 1995; reducing measles cases and mortality by 90 and 95 per cent, respectively, by the year 2000; and increasing coverage of children under one year old to 90 per cent by the year 2000. These goals have been endorsed by the World Health Organization (WHO)/UNICEF Joint Committee on Health Policy and the UNICEF Executive Board at the 1989 session, as well as by the World Summit for Children.

I. THE NEED FOR NEW AND IMPROVED VACCINES

4. Experts feel that it will be difficult to achieve those goals without improving the vaccines currently used in the expanded programme on immunization (EPI), which protects against six vaccine-preventable diseases (see para. 1 above). Because the global immunization programme is now able to reach an estimated 100 million infants per year, an extraordinary opportunity exists to deliver existing or new vaccines to protect against other diseases that afflict children.

5. WHO estimates that an additional 5 million to 6 million annual deaths from viral and bacterial diseases such as bacterial diarrhoeas, hepatitis A, C and E, rotavirus, meningococcal meningitis, dengue and acute respiratory infections (ARI) could be prevented with new vaccines which either already have been or could be developed with existing technologies. Millions of lives could also be saved each year by an effective vaccine against malaria.

6. It is widely recognized that the development of ideal vaccines is an incremental process that will build upon the improvement of current vaccines. For example, the protection of the newborn against tetanus requires either a clean delivery and care of the umbilicus or tetanus toxoid vaccine, which is given to the mother before or during pregnancy. For lifetime protection, five doses are required at appropriate intervals, or two doses during pregnancy if a mother has not previously been immunized. The coverage rate for two doses for pregnant women in 1989 was only some 44 per cent (excluding China), and the drop-out rate is quite high. Therefore, the major objective for improving tetanus toxoid vaccine is to develop a timed-release preparation that would require only one injection for lifetime protection.

7. Poliomyelitis has nearly been eliminated in many industrialized countries and is expected to be eliminated in the Americas hemisphere by the end of 1990 through extensive use of the Sabin-derived oral polio vaccine. The efficacy of the oral vaccine currently used has been lower than expected in many developing countries, however. Changes in the formulation recommended by the WHO EPI Global Advisory Group are being implemented and will require continued investigation and monitoring. The attenuated live polio vaccine is also the most heat-sensitive of the EPI vaccines and requires a rigorous cold chain. A further problem is that, although it is among the safest vaccines ever used, it is capable of producing paralysis in very rare cases. Although this is rare (1 case in every 2 million to 4 million doses given), it becomes important as levels of the disease are greatly reduced. Priorities for polio vaccines will then be to improve the immunogenicity, heat stability and safety of the oral vaccine. Field studies are also needed to find the most effective vaccine schedule and to ascertain whether combining oral and injectable polio vaccines increases efficacy.

8. It is recommended that the current measles vaccine be given to infants at nine months of age, but in some areas of the world many children contract measles before that age. The WHO EPI Global Advisory Group has recommended a high-potency Edmondston-Zagreb strain of vaccine for use at six months of age in highly endemic countries, notably in Africa, where measles is a significant cause of death before nine months of age. Further work is needed to ensure adequate supplies for global use of this or equally or more immunogenic strains of measles vaccine. The ultimate aim is an oral vaccine that can be given shortly after birth.

II. EXISTING UNICEF SUPPORT TO IMMUNIZATION ACTIVITIES

9. UNICEF has supported the global immunization programme during the past 10 years by providing a significant portion of the vaccines used in developing countries, much of the cold-chain equipment needed to protect those vaccines and injection and sterilization equipment. UNICEF support has also included the provision of vehicles to distribute vaccines and facilitate programme management, training for health workers and resources for communications and social mobilization activities. UNICEF has spent nearly $500 million for immunization activities since 1980.

10. The UNICEF supply system has very effectively procured vaccines at low cost both for donation to programmes and on behalf of Governments and Rotary International. A total of 4,408.7 million doses have been procured since 1982 at a cost of $177.2 million. The demand for UNICEF-procured vaccines will continue to rise as coverage increases and disease eradication programmes accelerate. The Supply Division estimates that a total of 5,557 million doses will be procured over the next five years at a cost of approximately $362.6 million. Many countries have already requested that UNICEF provide hepatitis B vaccine and the triple antigen vaccine for measles/mumps/rubella (MMR). Continued support has also been requested to upgrade and replace the cold chain and to provide injection and sterilization equipment. Both will be required in order to sustain the immunization programme in most developing countries during the next several years.

III. THE CHILDREN'S VACCINE INITIATIVE

11. A proposal for UNICEF collaboration with WHO and other agencies to provide modest resources for vaccine development was presented to the Executive Board at its 1990 session (E/ICEF/1990/P/L.39). In decision 1990/11, the Board requested the Executive Director to convene a meeting of experts, in collaboration with WHO, to ascertain the potential for new and improved vaccines and to elaborate a mechanism for effectively achieving these goals and report to the Board with an appropriate proposal at the earliest opportunity.

12. In response to this request, a series of meetings were held and the concept of new and improved vaccines received attention and support from government leaders, scientists and the entire development community. At a meeting of international experts jointly sponsored by WHO and UNICEF, held at UNICEF House on 10 September 1990, an important consensus, known as the Declaration of New York, was reached (see the annex to the present document for the full text; the list of participants is available upon request). The Declaration concludes that scientific progress, matched with improved capacities of all countries to immunize their children, provides an unparalleled opportunity to save additional lives and prevent millions of disabilities annually through a global children's vaccine initiative. It states that universal immunization will be facilitated by accelerating the application of current science to make new and better vaccines that will benefit children in both developing and industrialized countries. The experts also emphasized that research on vaccines must be accompanied by concurrent investments that would facilitate large-scale use, as well as inexpensive production in both industrialized and developing countries, improvements in the capacity for storing, handling and administering the vaccines and strengthening national epidemiological and applied research capacity in developing countries. This group of experts urged the world community to support a children's vaccine initiative and requested WHO to establish an international task force for vaccine development, together with the United Nations Development Programme (UNDP), UNICEF, the World Bank and other interested international, national, public and private organizations, in order to coordinate their efforts and ensure adequate support for the Initiative.

13. The goal of the initiative is to accelerate and facilitate the development of new and improved vaccines that:

(a) Would require one or two rather than multiple doses;

(b) Could be given earlier in life;

(c) Could be combined in novel ways, thus reducing the number of required injections or visits;

(d) Would be more heat stable and could remain potent during transport and storage, especially in tropical climates;

(e) Could in future possibly be effective against many diseases not currently feasible for inclusion in immunization programmes, such as acquired immunodeficiency syndrome (AIDS), ARI, diarrhoeal diseases and important parasites;

(f) Would be affordable for use in developing countries.

14. The launching of the children's vaccine initiative received enthusiastic attention and political support at the World Summit for Children as a priority activity for the 1990s. It is now being organized with a broad base of support from WHO, UNDP, the World Bank and several national and international organizations, including the private sector.

15. The Initiative will attempt to accelerate the development of new vaccines that will protect against and reduce the loss of young lives from diarrhoeal diseases and ARI. The use of such vaccines, together with appropriate case management, will clearly enhance the ability to reach the global goals of reducing diarrhoeal disease deaths by 50 per cent and reducing deaths due to ARI by one third by the year 2000.

A. Obstacles to the development of new and improved vaccines

16. In both the public and private sectors, there are at present a large number of potential new "candidate" vaccines, several of which are based on recombinant technology using carrier viruses that have the potential of incorporating a wide range of antigens. Considerable progress has also been made in polymer technologies, which are likely to lead to the development of single-dose, sustained-release oral vaccines that could replace multi-dose injectable vaccines. A single-dose tetanus vaccine is currently being developed using this technology.

17. There are several major obstacles to accelerating the development of candidate vaccines, which must meet the rigorous delivery demands of the developing world. First among these obstacles is the reluctance of private sector manufacturers to invest their resources in the scale-up, field testing and licensing of vaccines for which there is no major market in the industrialized world that would allow them to recover their development

costs. As a result, vaccine development has been driven principally by the needs of markets in the industrialized world, as opposed to those of the developing world.

B. International Consultative Group for Vaccine Development

18. In order to enhance collaboration and resource mobilization, an International Consultative Group for Vaccine Development is being convened by WHO. The Group will be composed of representatives of donor agencies, interested national vaccine research programmes and liaison representatives to the private sector. A chairman and an executive committee will oversee the activities of an inter-agency secretariat that will conduct daily operations.

19. With the assistance of the appropriate expert technical advisory groups, the Group will undertake to accelerate vaccine development in a variety of ways, including:

(a) Identifying short- and medium-term research and development priorities and disseminating and advocating them widely within the scientific community, in both the public and private sectors, through workshops, meetings and accelerated communication between interested parties;

(b) Identifying important basic research, vaccine development and operations research proposals and working with national vaccine research programmes, WHO (including the Programme for Vaccine Development) and donor agencies in identifying necessary financial resources, peer review and grants management;

(c) Facilitating the necessary partnership between national, international and private sector research, development and regulatory concerns on specific activities of potential importance;

(d) Identifying promising candidate vaccines and potentially important related technologies to the developing world and assembling product advisory groups and task forces to oversee and facilitate their expeditious development and testing, with the assistance of appropriate inter-institutional partnerships, including identifying technical, institutional and financial resources for filling gaps in the research, development, testing and regulatory processes;

(e) Identifying suitable sites for field trials and mobilizing the necessary technical and financial resources to establish sufficient epidemiological, monitoring and management expertise to assure their effectiveness and reliability.

C. UNICEF support for the children's vaccine initiative

20. In order actively to support the disease reduction goals that UNICEF has endorsed and to capitalize upon the proven strengths of UNICEF in vaccine procurement and programme support at the field level, as well as to increase the cost-effectiveness of UNICEF investment in child survival activities, it is proposed that UNICEF participate as a full partner in the children's vaccine initiative by providing financial support to key catalytic activities that can accelerate the achievement of the Initiative's goals.

21. UNICEF support will include:

(a) Staff support to the inter-agency secretariat of the International Consultative Group so as to facilitate close cooperation and coordination with UNICEF-supported procurement, programmes, operations research and EPI activities, and to support activities to coordinate information exchange, formulate priorities and promote and facilitate collaboration and resource mobilization among organizations, both public and private;

(b) Support for critical meetings and activities to facilitate acceleration of the vaccine development process;

(c) Support to selected clinical and field trials in developing countries to test new and improved vaccines and immunization schedules, and priority injection, sterilization and cold-chain equipment, as identified by the Group, with appropriate WHO oversight;

(d) Support for the development of candidate vaccines, field level diagnostic tests and other tools identified as high priorities by the Group, with appropriate partnerships for peer review and grants management;

(e) Support for operational research to improve the capacity to monitor and evaluate disease reduction and to improve the efficiency of delivery and demand for immunization services;

(f) Support for strengthening epidemiologic capacities required to strengthen existing EPI activities, facilitate field trials and enhance efforts to meet the immunization goals of the 1990s, including polio eradication, measles control and neonatal tetanus elimination;

(g) Collaboration with the WHO EPI to improve injection technology, sterilization equipment and cold-chain technology, to support operations research to improve the effectiveness and efficiency of vaccine delivery and administration at the field level and to strengthen national and global capacities for epidemiology and for monitoring evaluation of progress towards the goals of the Initiative.

IV. RECOMMENDATION

22. The Executive Director recommends that the Executive Board approve an amount of $7.5 million from general resources, subject to the availability of funds, and an amount of $7.5 million in supplementary funds, subject to the availability of specific-purpose contributions, for the children's vaccine initiative.

Breakdown of estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	1993	Total
General resources	2 500	2 500	2 500	7 500
Supplementary funds	2 500	2 500	2 500	7 500
Total	5 000	5 000	5 000	15 000

Annex

DECLARATION OF NEW YORK: THE CHILDREN'S VACCINE INITIATIVE

10 September 1990

Children represent the most vulnerable segment of every society - and they are our present and the future. Good health, especially of children, promotes personal and national development. Scientific progress, matched with improved capacities of all countries to immunize their children, provides an unparalleled opportunity to save additional lives and prevent additional millions of disabilities annually through a global children's vaccine initiative.

Working together, national and international agencies, service organizations and private voluntary agencies around the world have demonstrated the feasibility of providing immunization to over 70 per cent of children in the developing world, saving approximately 2 million to 3 million children per year from those preventable diseases. Furthermore, countries around the world have demonstrated public interest in mobilizing to protect their children. With universal immunization using the current vaccines, 2 million to 3 million more deaths could be prevented annually. Development of new vaccines against diseases could save another 5 million to 6 million lives annually during this decade.

Universal immunization will be facilitated by accelerating the application of current science to make new and better vaccines, benefiting children in all countries. These include vaccines which:

(a) Require one or two rather than multiple doses;

(b) Can be given earlier in life;

(c) Can be combined in novel ways, reducing the number of injections or visits required;

(d) Are more heat stable, retaining potency during transport and storage, particularly at tropical temperatures;

(e) Are effective against a wide variety of diseases not currently targeted by immunization but which take a heavy toll of needless deaths, including AIDS, ARI, diarrhoeas and important parasites;

(f) Are affordable.

Work on vaccines themselves must be accompanied by investments that bring them rapidly into large scale and inexpensive production and effective use. Such investments are needed to simplify production and quality control methods; to support field trials; to speed licensing; to develop approaches -

including production in developing countries - which assure that vaccines are available for all, to simplify the logistics of storing, transporting and administering vaccine and to strengthen national epidemiological and applied research capacities, especially in developing countries, so that each vaccine is used to best advantage.

We, an international group of experts in the field of research and application of vaccines, acting in our individual capacities to review the great contribution that new and improved vaccines can make during the current decade to the health of all the world's children:

1. Urge national leaders, the heads of national and international agencies concerned with vaccine development and use, commercial enterprises and private and voluntary groups - harnessing the scientific and technical capacity of the world, North and South - to commit themselves to a children's vaccine initiative that aims to produce and deliver "ideal children's vaccines", which provide lasting protection against a wide range of diseases, need fewer contacts, have more heat stability, are simpler to administer and are affordable;

2. Request the World Health Organization, in fulfilment of its constitutional mandate as the directing and coordinating authority on international health work, to catalyse global efforts toward these ends by taking the lead in establishing an International Task Force for Vaccine Development, with the United Nations Development Programme, the United Nations Children's Fund, the World Bank and other interested international, national, public and private organizations, to coordinate their efforts through exchanging information, agreeing upon priorities, monitoring and evaluating research results, helping to organize and coordinate clinical trials of vaccines, promoting the development, production and incorporation of improved and new vaccines into national immunization programmes and facilitating resource mobilization.

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FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

Interregional programme for children in especially difficult circumstances

SUMMARY

The Executive Director recommends that the Executive Board approve an interregional programme for children in especially difficult circumstances for the period 1991 to 1993 in the amount of $900,000 from general resources, subject to the availability of funds, and an amount of $2.5 million in supplementary funds, subject to the availability of specific-purpose contributions. This support is needed to accelerate UNICEF programme development and strengthen the capacities of the organization's global and regional partners to reach the 1990s goal of improved protection and services for children in especially difficult circumstances and to deal with the underlying causes.

CONTENTS

	Paragraphs	Page
INTRODUCTION	1 - 2	2
I. BACKGROUND	3 - 7	2
II. PROPOSED ACTION	8 - 12	4
III. INTER-AGENCY COOPERATION	13	5
IV. RECOMMENDATION	14 - 15	6

INTRODUCTION

1. The Executive Board established UNICEF policies on children in especially difficult circumstances in 1986, including working and street children, children in emergencies and armed conflict and abused and neglected children (decision 1986/12, E/ICEF/1986/12). The Board requested UNICEF to "develop an implementation strategy with special attention to improved staff training and appropriate allocation of resources and staff time within the framework of its mandate to undertake activities relating to children in especially difficult circumstances, taking into account its priorities and overall resource situation, and the need for UNICEF to concentrate mainly on advocacy and to rely primarily on Governments and voluntary agencies for implementation". The Board also urged all countries to consider increasing their contributions to UNICEF to enable the organization to undertake expanded programme activities with regard to children in especially difficult circumstances, and UNICEF to seek specific-purpose contributions, where appropriate, for projects in the area.

2. Recent trends and events have resulted in increasing attention being focused on the protection of children and have placed increasing demands on UNICEF for a higher level of response to children in especially difficult circumstances. The passage of the Convention on the Rights of the Child and its ratification by more than 70 Governments obligates these Governments and all organizations of the United Nations system, particularly UNICEF, to implement the Convention, which gives specific emphasis to the protection of children in especially difficult circumstances. The World Declaration on the Survival, Protection and Development of Children and the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s, adopted by the World Summit for Children, reinforce the commitment of world leaders and organizations of the United Nations system to protect these children.

I. BACKGROUND

3. UNICEF has assisted projects and programmes for street children in Brazil and other Latin American countries and the Philippines since the early 1980s. A nation-wide, locally financed street children movement in Brazil has led to the explicit inclusion of children's rights in the national constitution and has raised world-wide awareness, inspiring many projects and movements for street children in Latin America, Asia and Africa. This rapid spread of action on behalf of street children is a result of effective collaboration between UNICEF and local and regional non-governmental organizations (NGOs). Already, 27 countries have UNICEF-assisted programmes for street children. Only 10 such programmes are outside the Latin America region, however, and much more needs to be done in other regions as the numbers of street children in Africa, South Asia and the Middle East continue to increase.

4. Child labour has not yet been as effectively addressed by Governments or UNICEF-assisted programmes. UNICEF has cooperated closely with the International Labour Organisation (ILO) and NGOs to raise public awareness, develop training materials, encourage situation studies and advocate policies and programmes that go beyond legislation and enforcement to prohibit child work. Country programme initiatives in Latin America and in Egypt, the Philippines and Thailand have included extending non-formal education and services to working children, encouraging NGO projects for protected and creative work alternatives for children who must work, and strengthening enforcement of child labour regulations through joint government and NGO action. Child labour has increased as a result of economic recession and adjustment programmes in Africa and Latin America, and as a result of rapid industrialization and urbanization in all developing countries. A substantial increase in programmes to respond to this growing problem is required.

5. The numbers of armed conflicts and disasters are rising, particularly in Africa, and the effects on children's health and psycho-social development have been devastating. UNICEF has always responded rapidly and effectively to the emergency needs of children in such situations, and has recently been recognized for its role in negotiating "corridors of peace" in Operation Lifeline Sudan and "days of peace" for immunization in El Salvador and Lebanon. Less widely known, but no less important, are efforts to reunite children and parents in Mozambique; projects to reduce the effects of psycho-social trauma on children in Mozambique, Lebanon, the Philippines and Sri Lanka and in Central America; disability prevention and rehabilitation of children and youth in Afghanistan and Ethiopia; and peace education in Lebanon. The long-term solution to these problems requires programmes that permanently rehabilitate and reorient children to resolve conflicts peacefully and to understand and practise environmentally sound development. More sharing and replication of the many local initiatives responding to children in armed conflicts and disasters are also needed.

6. Child abuse and neglect is a world-wide problem, but it has become a major public concern only in industrialized countries, and recently in newly industrialized countries such as Brazil, Malaysia and the Republic of Korea. Studies on the relationship of child abuse to violence in society, drug and alcohol abuse and armed conflict indicate that child abuse needs to be addressed on an international level, as well as on national and local levels. Few country programmes have begun to address this problem except in the context of institutionalized children. Again, Latin America has taken the lead in programmes to open and humanize institutions for abandoned or delinquent children. UNICEF is working with the International Society for the Prevention of Child Abuse and Neglect in support of its international congresses and seminars, and more importantly, in the establishment of regional and national organizations in developing countries, such as the African Network for Protection and Prevention against Child Abuse and Neglect (ANPPCAN). This area of work is also of great concern in industrialized countries and needs to be addressed by National Committees for UNICEF in the context of the Convention on the Rights of the Child.

7. Except in the Latin America region, the UNICEF response to the problems of children in especially difficult circumstances has been limited by the lack of resources and experienced programme staff for situation analyses and programme development. More resources are needed to develop good programmes for services and protection, particularly in Africa and Asia. Programmes are also needed to monitor, conduct research and evaluations, raise public awareness and advocate policy changes to prevent an increase in the numbers of children in especially difficult circumstances.

II. PROPOSED ACTION

8. In accordance with Executive Board decision 1986/12, it is proposed that substantially more support be given to national and regional NGOs working in support of children in especially difficult circumstances, including, but not limited to, ANPPCAN, the Environment and Development Association in West Africa, the Undugu Society in East Africa, Child Workers in Asia, Childhope's regional networks for street children and the International Society for the Prevention of Child Abuse and Neglect. This support would help to strengthen NGO networks and to improve their capacities to disseminate information, to guide local situation studies, to facilitate inter-country exchanges of experience and to provide training and technical advisory services. Strong regional networks and national associations of NGOs constitute a cost-effective means of raising public awareness, advocating policy changes and supporting situation analyses and new project development. Furthermore, as these networks and their members develop a fund-raising capacity, they will become self-reliant institutions to support and advocate for children in difficult circumstances.

9. UNICEF headquarters and regional offices also require additional support to expand their capacities to provide technical assistance to country offices for situation analyses, project development, programme advice and monitoring and evaluation of programmes for children in especially difficult circumstances. At present, only the Latin America region has a regional adviser for children in especially difficult circumstances and headquarters has only one core senior adviser post. Therefore, both headquarters and regional offices must rely heavily on outside consultants to support programming in this area. However, funds for consultancies are limited, and frequently country offices cannot allocate funds for programme development in the area of children in especially difficult circumstances if the host Government does not consider it a high priority.

10. Inter-country exchanges of experience are extremely important as a means of expanding programmes. Regional and interregional training and programming workshops not only facilitate immediate and direct exchanges of methods and techniques, they also help to create and sustain a network of UNICEF staff working in the area of children in especially difficult circumstances at the country level.

11. Publications on methods and programme examples, such as those published by the Regional Office for the Americas and the Caribbean, need to be developed on a global basis for each category of children in especially difficult circumstances and disseminated to all country offices. In cooperation with media organizations, NGO networks and country offices, UNICEF will also help to raise public awareness by encouraging and supporting the popular press to publish articles on all aspects of the subject. Although many videos and films are produced by broadcast media, NGOs and Governments on various aspects of children in especially difficult circumstances, their reproduction and distribution is limited and unsystematic. UNICEF, in cooperation with NGO networks, will help to develop an improved system for reproducing and disseminating these films and videos.

12. Development education materials for use in both industrialized and developing countries will be encouraged and supported through cooperation with the United Nations Educational, Scientific and Cultural Organization (UNESCO), NGO networks, national education programmes, National Committees for UNICEF and country offices. Efforts will be made to incorporate environmental and peace education, as well as information on street children, child labour and child abuse and neglect in national and local education curricula, including non-formal education specifically directed to children in especially difficult circumstances.

III. INTER-AGENCY COOPERATION

13. Most of the above activities will be carried out in cooperation with national Governments, appropriate organizations of the United Nations system and NGOs. Specific cooperation with the United Nations agencies envisioned or already under way includes the following:

(a) ILO: joint development of training materials on child labour; regional meetings on child labour in Asia and Latin America in 1991; international symposium on child labour in 1992; and development of a mechanism to monitor child labour globally;

(b) UNESCO: support for non-formal education for child workers and for development education materials on environment, peace, child abuse and neglect and working and street children;

(c) Office of the United Nations High Commissioner for Refugees (UNHCR): development and dissemination of a handbook for field workers dealing with children in armed conflict situations;

(d) Centre for Social Development and Humanitarian Affairs, United Nations Office at Vienna: support and mobilization for the Year of the Family in 1994, particularly regarding the issue of family breakdown and the role of fathers in families and child-rearing;

(e) Centre for Human Rights, United Nations Office at Geneva: support for monitoring the implementation of the articles relating to the protection of children in especially difficult circumstances in the Convention on the Rights of the Child.

IV. RECOMMENDATION

14. To initiate, supervise and monitor effectively the activities described above, it will be necessary to support in part several project posts within UNICEF. However, the use of NGOs and consultants will be the principal working method, as appropriate.

15. Therefore, the Executive Director recommends that the Executive Board approve an interregional programme for children in especially difficult circumstances for the period 1991-1993 in the amount of $900,000 from general resources, subject to the availability of funds, to support several project posts and costs associated with consultants' fees, travel and staff training, and an amount of $2.5 million in supplementary funds, subject to the availability of specific-purpose contributions, to support the above-mentioned activities.

Estimated annual expenditure

(In thousands of United States dollars)

Funding source	1991	1992	1993	Total
General resources	200	350	350	900
Supplementary funds	700	900	900	2 500
Total	900	1 250	1 250	3 400